

IAP13 Rec'd PCT/PTO 12 DEC 2005

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NOVEL PHOSPHORYLATED SEQUENCES OF THE PHOSPHATASE CDC25B, ANTIBODIES FOR SAID SEQUENCES AND USE THEREOF
Attorney Docket Number::	0508-1151
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: DUCOMMUN  
Name Suffix::  
City of Residence:: BELBERAUD  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 1, CHEMIN DU PARADIS  
Address::  
City of Mailing Address:: BELBERAUD  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 31450

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: MONSARRAT  
Name Suffix::  
City of Residence:: ALBI  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 13, RUE DU COLONEL H. MANHES  
Address::  
City of Mailing Address:: ALBI

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 81000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CLAUDE

Middle Name::

Family Name:: PRIGENT

Name Suffix::

City of Residence:: THORIGNE-FOUILLARD

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 1, RUE ANGÉLA DUVAL

Address::

City of Mailing Address:: THORIGNE-FOUILLARD

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 35235

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001416	6/8/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0307095	6/12/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::